

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Nancy Vaughan	
II. Name of lobbyist's partnership, firm or corporation, if any:	
American Heart Association (Name of partnership, firm or corporation)	
Business Address: (Street) Manche Ster (Town/City) (State) (Z	ip Code)
(603) 263-8329 (603) 669-6745 e-mail nancy. vaugh (Telephone)	an@heatt.o
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a sep reportable expense transactions which are not attributable to any one client).	-
All reportable transactions occurring in the months prior to the reporting date relative to the following (Full Name of Client as it appears on the Lobbyist Registration Form) OR	client:
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed unrelated to any particular client.	below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17 July 26, 2017 activity from 4/1/17 to 6/30/17	
October 25, 2017	
V. There have been no fees received and no reportable transactions made since the last rep If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Concord, NH 03301.	
VI. Check if additional reports are attached:	
 ✓ If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B – Report of Honorarium 	orariums or
Expense Reimbursement	Statiums of
☐ If you, your firm, or your family has made political contributions, you must file Addendum C − Politi	cal Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing in and complete to the best of my knowledge and belief. Manage 1 / 29 20 8 (Signature of lobbyist) (Date)	formation is true
	RECEIVED
(x x min x ve tood xov)	JAN 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

L E A S E

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
American Heart Association (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
III. Name of Client	Date/
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$8,172_
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>25</u> 8 78 ear)
c) Total of all fees received to date (Add lines a and b)	0)\$ 34,050
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all expenses; about the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	1/29/18
	(Date)
(Print Name of lobby ist)	